



# MAMA LOUNGE

2001 PINE STREET SAN FRANCISCO, CA 94115 (415) 857-3228 MAMALOUNGESF.COM

## **Counseling Intake**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone(cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you hear about Mama Lounge? Friend - (who?) \_\_\_\_\_

Internet \_\_\_\_\_ MD/Midwife \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Regular Medical Doctor: \_\_\_\_\_

Other Specialist / PT / Chiro / ND: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### **Chief Complaint (Please identify your major health concerns):**

1. \_\_\_\_\_ Since Age: \_\_\_\_\_

2. \_\_\_\_\_ Since Age: \_\_\_\_\_

3. \_\_\_\_\_ Since Age: \_\_\_\_\_

## **Patient Informed Consent to Care and Treatment**

### **Acupuncture Consent to Treat**

1. I, \_\_\_\_\_, hereby authorize the licensed acupuncturist at Mama Lounge to administer any style of Chinese Medicine relevant to my diagnosis and treatment, including but not limited to the following:

- Insertion of disposable, stainless steel acupuncture needles of various sizes into my body at different depths and locations.
- Heated moxibustion treatment using the herb Artemisia Vulgaris, or a heat lamp may be placed on or near any part of my body. There is also indirect moxibustion treatment where the herb may rest on the skin. The heat might cause slight discomfort or leave a small scar or blister on the skin. With any type of heat, there is risk of burn.!
- Vigorous massage called "gua sha" or regular massage that may produce redness, tenderness or slight bruising of the skin,
- Cupping may be used to promote circulation. Suction from the cups may produce red or purple bruising.
- Electrical Stimulation may be used to enhance the treatment at various acupuncture points.

2. I have been informed that acupuncture is very safe, but it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and in rare cases, dizziness or fainting. Although rare, there have been reports of nerve damage and organ puncture connected to acupuncture treatment. Infection is also a possible risk. However, I understand that this office uses only sterile disposable single-use needles, and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

3. The herbs and nutritional supplements used in Chinese Medicine are considered safe but may have potential side effects. I understand that some herbs may be toxic at large doses, and some herbs may be inappropriate to take during pregnancy. I will notify the licensed acupuncturist at Mama Lounge if I am or become pregnant. I will notify the licensed acupuncturist at Mama Lounge immediately if I notice any unanticipated or unpleasant side effects associated with the consumption of herbal medicine or nutritional supplements. I do not expect the licensed acupuncturist at Mama Lounge to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on her to exercise judgment during the course of treatment to make decisions that are in my best interest, based upon the facts then known.

4. I understand the licensed acupuncturist at Mama Lounge has the right to refuse treatment to any patient at any time. Reasons for refusal of treatment include crude behavior or inappropriate conduct

### **Massage Consent to Treat**

1. I give my permission to receive massage therapy at Mama Lounge

2. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.

3. I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.

4. I have clearance from my physician to receive massage therapy.

5. I understand the risks associated with massage therapy include, but are not limited to: superficial bruising, short-term muscle soreness, exacerbation of undiscovered injury; I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

6. I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.

7. I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so she may adjust accordingly.

8. I understand that I or the massage therapist may terminate the session at any time.

9. I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

### **Counseling Consent to Treat**

**1. Confidentiality**

All information obtained in the course of the professional service is confidential unless there is a compelling professional reason for its disclosure. Your coach will disclose confidential information without a specific release if it is necessary to prevent foreseeable imminent harm to the client or another. In all circumstances, the coach will be judicious in the amount of information that is disclosed.

Coaches may disclose confidential information without the consent of the client only as mandated or permitted by law. When possible, coaches inform clients about the disclosure of confidential information and possible ramifications before the disclosure is made. Coaches will only disclose confidential information to third parties with the appropriate written consent.

**2. Liability**

This agreement is for Coaching, not Psychotherapy. Ms. Carol Jones is working only within the capacities of a Coach and will not be held liable for discrepancies. While coaching can work with issues such as identifying and reaching goals, and changing the behaviors that aren't working well for you, coaching will not address psychological issues such as depression and anxiety. For issues such as these, seek the medical attention from a Physician or Licensed Mental Health Professional in your area. By signing this agreement, you are agreeing that you understand the difference in these two functions and you will get appropriate professional help for mental health issues if necessary.

**Authorization to Release or Obtain Information**

I hereby authorize my provider at Mama Lounge to exchange all pertinent clinical information pertaining to me with other providers in the practice. I hereby release from liability and agree to indemnify and hold forever harmless all persons involved in this exchange of information from any loss, damage, claim or legal action arising out of such exchange of information. I understand these records may include personal and psychological information, and I may withdraw this authorization at any time, except to the extent that action has been taken on this authorization.

By voluntarily signing below, I show that I have read (or have had read to me) and understand this consent to treatment. I have been told about the risks and benefits of acupuncture/massage/counseling and have had an opportunity to ask questions. This consent form shall cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_